

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<b>09/530472</b>	<b>FILING DATE</b>					
							<b>APPLICANT(S)</b>						
<b>9-80-05</b>							<b>CLAIMS</b>						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		0		0			54						
5		0		0			55						
6		0		0			56						
7		0		0			57						
8		1		1			58						
9	1						59						
10		1					60						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	2		1				<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	9		11				<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	11		12				<b>TOTAL CLAIMS</b>						

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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